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Office Use Only

## TAX ADJUSTMENT FORM

### Pensioner Identification PLEASE PRINT

SURNAME:		GIVEN NAME(S):	
DATE OF BIRTH (DAY/MO/YEAR):			
MAILING ADDRESS Line 1 – NO. & STREET/PO BOX:			
MAILING ADDRESS Line 2 – NO. & STREET/PO BOX:	CITY/TOWN:	PROV:	POSTAL CODE:

I want to: (please check  one)

increase my additional taxes\* by \$\_\_\_\_\_ per month **or**  
dollar amount

reduce my additional taxes\* by \$\_\_\_\_\_ per month **or**  
dollar amount

cancel my additional taxes\*

\* Additional taxes are taxes that are in addition to the mandatory statutory taxes that are required by Canada Revenue Agency.

**X**

\_\_\_\_\_  
 Signature of Pensioner

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Phone number of Pensioner

